

## CLAIMS ONLY

Application Number                     

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

Claims	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
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49						
50						
Total Indep.	5					
Total Depend.	85					
Total Claims	90					

may be used for additional claims or amendments

	*		*		*	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						